



State of California
California Gambling Control Commission
2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231
(916) 263-0700; Fax (916) 263-0452
www.cgcc.ca.gov
CGCC-031 (Rev.09/06)

Commission Use Only

Cashiering # _____

Date _____

Amount _____

APPLICATION FOR GAMBLING ESTABLISHMENT KEY EMPLOYEE LICENSE

Pursuant to Business and Professions Code section 19854 of the Gambling Control Act, every key employee shall apply for and obtain a key employee license issued by the California Gambling Control Commission. Licenses issued to key employees shall be for specified positions only, and shall be detailed on the endorsement described in Business and Professions Code section 19851(b).

You must provide truthful information in all your responses in this application. All answers to questions in this application and all supplemental documentation provided by you will be subject to verification. Any misrepresentation or failure to disclose information required on this application may constitute sufficient cause for denial or revocation.

Type or print legibly in ink all information requested on this application. If a question does not apply to you, write "N/A" (Not Applicable). Applications not fully and accurately completed will be returned to the sender for completion. Please check only one box, indicating if you are applying for an initial or renewal license.

Mail your completed application and required fees/deposits (listed below) to the California Gambling Control Commission, 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231. Please make all checks payable to the California Gambling Control Commission.

☐ **INITIAL** (Attach a completed Gambling Establishment Key Employee Supplemental Background Investigation Information form, DGC-App 016A.)

Application Fee: \$500 Non-refundable

Background Deposit: \$1,200
Unused portion of background deposit will be refunded.

☐ **RENEWAL**

Application Fee: \$500 Non-refundable

Background Deposit: No background deposit is required at time of submitted application; however, you may be required to submit a background deposit upon notification by the Division of Gambling Control. *Unused portion of background deposit will be refunded.*

SECTION 1 - PERSONAL INFORMATION

Last Name				First		Middle Initial	
Other Names You Have Used or Been Known By (aliases, nicknames, street names, maiden name, other name changes; legal or otherwise)							
*Address of Record – Number/Street			*See page 2 for note			Apt. / Unit Number	
City		County		State		Zip	
Residence Address, if different from above							
Contact Numbers (include area code)							
Home:		Work:		Ext:		Other: <input type="checkbox"/> Cell <input type="checkbox"/> Fax	
Birthdate (mm/dd/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		**Social Security Number		**See page 2 for note	

SECTION 2 - TITLE/DESCRIPTION

Job Title

Description of Job Duties

SECTION 3 - GAMBLING ESTABLISHMENT INFORMATION

Name of Gambling Establishment

Phone

Fax

SECTION 4 - RENEWAL APPLICATION

Complete this section only if renewing your key employee license

Have you been a party to any civil litigation, named in any administrative action affecting any license or certification, or convicted of any crime since you last filed an application for a Key Employee License? ☐ Yes ☐ No

If you marked "Yes," please attach a detailed statement describing the circumstances.

SECTION 5 - AUTHORIZED REPRESENTATIVE/DESIGNATED AGENT INFORMATION

Last Name

First

Middle Initial

Title

Email address, if available

Phone

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SECTION 6 –DECLARATION/SIGNATURE

*Once the Commission has issued the license, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet. This is where the Commission will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a post office box number or a personal mailbox. However, if your address of record is not your residence address, you must also provide your residence address to the Commission, in which case your residence address will not be available to the public.

**Disclosure of your U.S. social security number is mandatory. Business and Professions Code section 30 and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Family Code section 17520 or for verification of licensure. If you fail to disclose your social security number, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

I declare under penalty of perjury, under the laws of the State of California that I have personally completed this form and know the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at

City, State

on _____

Date

Signature of Applicant in Full (no initials)